

**NON-APPLICANT**

Date \_\_\_\_\_

**Zoning Section  
Los Angeles County Board of Supervisors  
Room 383, Kenneth Hahn  
Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012**

**PROJECT  
NO./CUP NO.:**

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**APPLICANT:**

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**LOCATION:**

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**Zoned  
District**

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**Related zoning matters:**

**CUP(s) or VARIANCE No.**

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**Change of Zone Case No.**

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**Other**

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**This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check or money order, payable to the Board of Supervisors, with personal identification prior to the appeal deadline at 5:00 p.m. at the above address. (Appeal fees subject to change) Contact the Zoning section of the Board of Supervisors for more information: (213) 974-1426.**

**This is to appeal: (Check one)**

\_\_\_\_\_ **The Denial of this request**      **817.00\***

\_\_\_\_\_ **The Approval of this request**      **817.00\***

**\*For Subdivisions \$130.00 of this amount is to cover the cost of the hearing of the Board of Supervisors**

**Briefly, explain the reason for the appeal (attach additional information if necessary):**

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**x**  
**(Signed)                      Appellant**

**Print Name**

**Address**

**City/Zip**

**Day Time Telephone Number**

**E-mail Address**